

Alabama Department of Labor

Safety Division

Jim Bennett Labor Commissioner

Applicants Name

100 North Union Street, Suite 630 Montgomery, Alabama 36130 334 242-3460 Hon. Robert J. Bentley, Governor

Ralph Pate Chief Inspector

Application for Elevator Inspector's License

| Residence Address | | | | | | | | | |
|--|---------------------|---------------------------|----------|-----------------------|---|--|--|--|--|
| QEI-1 Number | F | Expiration Date | | _Issued by | | | | | |
| New License [] Renewal [] Previous License Number | | | | | | | | | |
| Applicant Phone NumberEmail | | | | | | | | | |
| Applicant Social Seco | urity # (required b | by Federal/State law) | | | | | | | |
| | | | | | | | | | |
| | I | Elevator Inspector | r's Lice | ense | | | | | |
| Covers all activities of elevator/conveyance inspection as required by statute 25-13-1 (short title). The | | | | | | | | | |
| following must accompany the application for processing: 1.) Insurance policy, or certified copy thereof, issued by an insurance company authorized to do business in the state to provide general liability coverage of at least one million dollars (\$1,000,000) for injury or death | | | | | | | | | |
| | | | | | of any number of persons in any one occurrence and at least five hundred thousand dollars (\$500,000) for | | | | |
| | | | | | property damage in any one occurrence and the statutory workers' compensation insurance coverage. | | | | |
| 2.) A legible copy of QEI-1 certification card. | | | | | | | | | |
| 3.) Check or money order in the amount of \$100.00, payable to the Alabama Department of Labor. | | | | | | | | | |
| | | | | | | | | | |
| Number of years engag | ed in the busin | ess of inspecting elev | vators o | r related conveyances | | | | | |
| Criminal record of convictions, if any as verified by the Department of Public Safety: | | | | | | | | | |
| G: | | | | D. 4 | | | | | |
| Signature | | | | Date | | | | | |